

DELAWARE BOARD OF GEOLOGISTS

VERIFICATION OF LICENSURE REQUEST

The applicant listed below has applied for licensure in the State of Delaware. We ask your cooperation by providing our Board with the following requested information.

TO BE COMPLETED BY APPLICANT APPLYING FOR A DELAWARE LICENSE

Name: _____

Address: _____

City/State: _____

Social Security #: _____

License Number: _____

If ASBOG test was taken, what state did you register to take each part and in what year?

State _____ Year _____

State _____ Year _____

TO BE COMPLETED BY APPLICANT'S STATE BOARD OF GEOLOGY

Please verify the licensure status/ASBOG test score(s) of the above named Professional Geologist in your state by providing the Delaware Board of Geology with the following information:

License/Registration Number: _____ Date License Issued: _____

Active () Inactive () Expiration Date: _____

ASBOG Examination Scores:

Fundamental _____ Date Taken _____

Principles _____ Date Taken _____

Has his/her license ever been surrendered, suspended or revoked? Yes () No ()

Has your Board taken disciplinary action against the applicant? Yes () No ()

(If yes, to either of these questions, please give details on reverse side)

The Board of _____ of the State of _____ certifies that the above information is correct.

Signature _____

(Board Seal)

Title _____

Date _____

Please return completed form to:

Board of Professional Geologists
861 Silver Lake Boulevard
Cannon Building, Suite 203
Dover, DE 19904